

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4599HHA | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/14/2009 |
| NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME HEALTH CARE, INC | | STREET ADDRESS, CITY, STATE, ZIP CODE 8880 SUNSET RD STE 220 LAS VEGAS, NV 89148 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| H 00 | <p>INITIAL COMMENTS</p> <p>Surveyor: 22048 This Statement of Deficiencies was generated as a result of State Re-licensure Survey conducted in your facility on July 13, 2009, and finalized on July 14, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Fifteen patient records were reviewed. Thirteen personnel files were reviewed. No home visits were conducted. The census at the time of the survey was 62.</p> <p>The following deficiencies were identified:</p> | H 00 | | |
| H149 | <p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and contributing education; This Regulation is not met as evidenced by: Surveyor: 28383 Based on employee record review, the agency failed to provide orientation to employees as</p> | H149 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| H149 | Continued From page 1 required by statute for 4 of 13 employees (Employees #1, #7, #8 and #11). Scope: 2 Severity: 1 | H149 | | | |
| H150 | 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 4. Periodic evaluation of employees' performances; This Regulation is not met as evidenced by: Surveyor: 22048 Based on policy review, document review and staff interview, it was determined that the agency failed evaluate the staff providing care to the patients in accordance with agency policy for 2 of 13 (employees (Employees #1 and #10). Scope: 2 Severity: 1 | H150 | | | |
| H151 | 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of personnel which are specific and include the type | H151 | | | |

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| H151 | Continued From page 2 of activity each may carry out; This Regulation is not met as evidenced by: Surveyor: 22048 Based on record review and interview, it was determined that the agency failed to include a job description in the personnel file for 4 of 13 employees (Employees #5, #10, #11 and #13). Scope: 2 Severity: 1 | H151 | | | |
| H152 | 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Surveyor: 22048 NRS 449.179(3) Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility. 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent | H152 | | | |

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| H152 | Continued From page 3 contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. Based on review of the personnel records, the agency failed to ensure employee records contained current background checks or fingerprints for 5 of 13 employee files sampled (Employee #5, #8, #9, #10, and #11). Based on review of the personnel records, the agency failed to ensure employee records contained signed affidavits of felony convictions for 9 of 13 employee files sampled (Employee #1, #2, #5, #6, , #8, #9, #10, #11 and #12). Scope: 2 Severity: 2 | H152 | | | |
| H153 | 449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and | H153 | | | |

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| H153 | <p>Continued From page 4</p> <p>This Regulation is not met as evidenced by: Surveyor: 22048</p> <p>Based on record review it was determined that 7 of 13 employees did not have evidence of TB testing in accordance with NAC 441.A. (Employees).</p> <p>Based on record review it was determined that 5 of 13 employees did not have evidence of a physical examination in accordance with NAC 441.A. (Employees #6, #8, #9, #10 and #13).</p> <p>Findings include:</p> <p>NAC 441A.375</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his</p> | H153 | | | |

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| H153 | <p>Continued From page 5</p> <p>designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review it was determined that 7 of 13 employees did not have evidence of TB testing in accordance with NAC 441.A.</p> | H153 | | | |

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| H153 | <p>Continued From page 6</p> <p>(Employees #1, 2, 5, 7, 8, 9 and 11).</p> <p>Based on record review it was determined that 5 of 13 employees did not have evidence of a physical examination in accordance with NAC 441.A. (Employees #6, #8, #9, #10 and #13).</p> <p>Scope: 2 Severity: 2</p> <p>Surveyor: 28383</p> <p>Based on review of the personnel records, the agency failed to ensure employee records contained current background checks or fingerprints for 5 of 13 employee files sampled (Employee #5, #8, #9, #10, and #11).</p> <p>Based on review of the personnel records, the agency failed to ensure employee records contained signed affidavits of felony convictions for 9 of 13 employee files sampled (Employee #1, #2, #5, #6, , #8, #9, #10, #11and #12).</p> <p>Findings include:</p> <p>The Nevada Revised Statutes, under chapter 449 relate the following:</p> <p>NRS 449.179(3) Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the</p> | H153 | | |

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| H153 | Continued From page 7 criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. The employee records lacked documented evidence of current background checks or fingerprints for Employees #5, #8, #9, #10, and #11. The employee records lacked documented evidence of signed affidavits of felony convictions for Employees #1, #2, #5, #6, , #8, #9, #10, #11and #12. | H153 | | | |
| H169 | 449.791 Duties of Personnel 1. A registered nurse shall: (a) Provide nursing guidance and care to patients at home. (b) Evaluate the home for its suitability for the patient's care. (c) Teach the patient and those in the home who nurse him how his care is to be given. (d) Supervise and evaluate the patient's care on a continuing basis. | H169 | | | |

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| H169 | Continued From page 8 (e) Provide necessary professional nursing care. This Regulation is not met as evidenced by: Surveyor: 27469 Based on clinical record review and staff interview, the agency staff failed to update the medication profile of Patient #3. Scope: 1 Severity: 1 | H169 | | | |
| H171 | 449.791 Duties of Personnel 3. The certified home health aide must be trained to function as a member of the health services team. Under the supervision of a registered nurse, he may: (a) Give the patient personal care, including assistance in the activities of daily living. (b) Perform certain household services to ensure that the patient's nutritional needs are met and to maintain a safe and clean environment for him. This Regulation is not met as evidenced by: Surveyor: 27469 Based on clinical record review and staff interview, the agency failed to have registered nursing staff supervise the home health aides and provide updated home health aide care plans for 1 of 15 patients sampled. (Patient #1) Scope: 1 Severity: 1 | H171 | | | |
| H188 SS=C | 449.797 Contents of Clinical Records Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a | H188 | | | |

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| H188 | Continued From page 9 power of attorney pursuant to NRS 449.800 to 449.860, inclusive; and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600. This Regulation is not met as evidenced by: Surveyor: 27469 Based on clinical record review and staff interview, the agency failed to provide a copy of the Power of Attorney (POA) and Living Will for 7 of 15 patients. (Patients #1, 3, 6, 7, 8, 9 and 11) Severity: 1 Scope: 3 | H188 | | |
| H192 SS=D | 449.797 Contents of Clinical Records 9. A report given to the attending physician, written or by phone, whenever unusual findings occur. A written progress note must be submitted the physician at least every 62 days. This Regulation is not met as evidenced by: Surveyor: 27469 Based on clinical record review and staff interview, the agency failed to provide the physician a report when unusual findings occurred for 2 of 15 patient records reviewed. (Patient #1 and 8) 1. During clinical record review of Patient #1 on 7/13/09, the file lacked documented evidenced the nurse notified the physician of the patient's weight loss and increase in shortness of breath. Interview with the Director of Professional Services on 7/13/09, in the afternoon, confirmed the physician was not notified of the change in condition. 2. During clinical record review of Patient #8 on 7/14/09, the file lacked documented evidenced | H192 | | |

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| H192 | Continued From page 10 the nurse notified the physician in the change of the wound. Interview with the Director of Professional Services confirmed the physician was not notified in the change of condition. Severity: 2 Scope: 2 | H192 | | | |
| H195 SS=A | 449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Surveyor: 27469 Based on clinical record review and agency policy review, the agency failed to obtain signatures on physician's orders for 1 of 15 patients. (Patient #11) 1. During the clinical record review for Patient #11 on 7/14/09, the file lacked documented evidence the initial medical orders were signed by the physician within the 20 working days after admission. The Patient was admitted on 4/27/09. The physician had not signed the orders at the time of the survey. Severity: 1 Scope: 1 | H195 | | | |
| H200 SS=F | 449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: | H200 | | | |

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| H200 | <p>Continued From page 11</p> <p>Surveyor: 27469 Based on clinical record review and staff interview, the agency failed to obtain new orders for changes made to the plan of care for 3 of 15 patient records sampled. (Patient #1, 3, 6, 8, 10 and 11)</p> <p>1. During clinical record review of Patient #1, #3 and #6, the file lacked documented evidence the patient received a Registered Nurse (RN) and Physical Therapist (PT) visit for the week of 7/5/09. The records lacked documented evidence that the physician had been notified of the change to the plan of care. Interview with the Director of Professional Services (DOPS) on 7/13/09, in the afternoon, confirmed all visit documentation was filed each week and there was no evidence of a documented visit by the RN or PT for the week of 7/5/09.</p> <p>2. During clinical record review of Patient #3, the file lacked documented evidence of a physician order for a diuretic, given on 6/25/09, until 7/2/09. Interview with the DOPS on 7/13/09, in the afternoon, confirmed the order for the diuretic was not written until 7/2/09.</p> <p>3. During clinical record review of Patient #8, the file lacked documented evidence the physician was notified to provide orders for an increase in the PRN visits. Interview with the DOPS on 7/14/09, in the morning, confirmed the RN did not request an increase in the PRN visits.</p> <p>4. During clinical record review of Patient #8, the file lacked documented evidence the PICC line dressing was changed per the Plan of Care (POC). Interview with the DOPS on 7/14/09, in the morning, confirmed the record lacked documented evidence of the dressing change</p> | H200 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4599HHA | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/14/2009 |
| NAME OF PROVIDER OR SUPPLIER ST MARY'S HOME HEALTH CARE, INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 8880 SUNSET RD STE 220 LAS VEGAS, NV 89148 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | |
| H200 | <p>Continued From page 12</p> <p>being done.</p> <p>5. During clinical record review of Patient #10, the file lacked documented evidence the wound dressing was changed per POC or that the wound had healed. Interview with the DOPS on 7/14/09, in the afternoon, confirmed the record lacked documented evidence of notification of the physician of these changes.</p> <p>6. During clinical record review of Patient #11, the file lacked documented evidence the patient received a RN visit from after the initial visit on 4/27/09 until the services were discontinued on 5/13/09. Interview with the DOPS on 7/14/09 confirmed the file lacked documented evidence of a RN visit.</p> <p>7. During clinical record review of Patient #11, the file lacked documented evidence the PT evaluated the patient within 72 hours of the order. The patient was evaluated nine days after the order was received. Interview with the DOPS on 7/14/09 confirmed referrals are to be assessed within 72 hours of the written order.</p> <p>Scope: 2 Severity: 3</p> | H200 | | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.